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**** CONTINUING DATA *******

This application is a DIV of 08/569,816 12/08/1995 PAT 5,760,100
 which is a CIP of 08/301,166 09/06/1994 ABN

**** FOREIGN APPLICATIONS *******

GERMANY 95810221.1 04/04/1995
 SWITZERLAND 1496/95 05/19/1995

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/04/1996

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

20277

TITLE

EXTENDED WEAR OPHTHALMIC LENS

☐ All Fees

FILING FEE RECEIVED 816	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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